



**Nephrology**  
Weekly Webinar Series



4° WEBINAR ONCO-NEFROLOGIA

## Neoplasie nel paziente trapiantato di rene

Presidente: *Dott.ssa Maura Ravera*

Responsabile Scientifico: *Dott.ssa Laura Cosmai*

**Uno sguardo ai risultati della "1st International Consensus Conference: management of kidney transplant patient with cancer"**

**Gemelli**



**Giuseppe Grandaliano**  
UOC di Nefrologia, Dialisi e Trapianto

Fondazione Policlinico Universitario A. Gemelli  
Università Cattolica del Sacro Cuore

### Starting activities

- Identification of the Consensus Conference (CC) Topic
- Recruitment of the Scientific Committee (SC) members
- Funding

### Preliminary activities

- Preparation of the CC protocol
- Elaboration of the CC Questions
- Recruitment of the work group (WG) members.
- Identification and invitation of Expert Discussants
- Preparation of the panel regulation.
- Recruitment of the writing group members.

### Preparation of Introductory materials

- Preparation of scientific literature review methodology, protocol.
- Conducting a scientific literature review for each Question.
- Preparation of scientific literature reports
- Sending the reports to identified experts

### Consensus Conference celebration

- Presentation of the introductory materials from scientific literature reviews.
- Presentation of the Expert Opinion
- Open discussion
- Presentation and voting of the Statements derived from the initial Questions; Addition of new proposed statements.

### Consensus document

- Preparation of the preliminary CC report
- Collection of experts comments and revisions to the preliminary report.
- Preparation of the final CC document.
- Dissemination of the conclusion from the CC.

**Organizing Committee (OC)** Jacopo Romagnoli (Transplant Surgeon, Rome), Giovanni Scambia (Gynaecologist, Rome), Giampaolo Tortora (Medical Oncologist, Rome), Vincenzo Valentini (Radiation oncologist, Rome);

**Scientific Committee (SC)** Jacopo Romagnoli (Transplant Surgeon, Rome) - Scientific Coordinator; Anna Acampora (Epidemiologist, Rome) - Methodological Coordinator; Stefania Boccia (Epidemiologist, Rome), Giuseppe Grandaliano (Nephrologist, Rome), Stefan Hohaus (Haematologist, Rome), Roberto Iacovelli (Medical Oncologist, Rome), Roberto Iezzi (Interventional Radiologist, Rome), Umberto Maggiore (Transplant Surgeon, Parma), Ketty Peris (Dermatologist, Rome), Ernesto Rossi (Medical Oncologist, Rome), Giuseppe Scaletta (Gynaecologist, Rome), Giovanni Schinzari (Medical Oncologist, Rome), Luca Tagliaferri (Radiation oncologist, Rome);

**Work Group (WG)**, Anna Acampora (Epidemiologist, Rome), Valentina Bianchi (Transplant Surgeon, Rome), Andrea D'Aviero (Radiation oncologist, Rome), Ilaria Esposito (Dermatologist, Rome), Stefan Hohaus (Haematologist, Rome), Valentina Lancellotta (Radiation oncologist, Rome), Elena Maiolo (Haematologist, Rome), Filippo Paoletti (Medical Doctor, Rome), Alessandro Posa (Interventional Radiologist, Rome), Jacopo Romagnoli, (Transplant Surgeon, Rome), Ernesto Rossi (Medical Oncologist, Rome), Giuseppe Scaletta (Gynaecologist, Rome), Giovanni Schinzari (Medical Oncologist, Rome), Gionata Spagnoletti (Transplant Surgeon, Rome), Luca Tagliaferri (Radiation oncologist, Rome);

**Expert Panel (EP)** Emilio Bria\* (Medical Oncologist, Rome), Franco Citterio (Transplant Surgeon, Rome), Valeriana G. Colombo\*, (Nephrologist, Milan), Laura Cosmai\* (Nephrologist, Milano), Alessandro Di Stefani\* (Dermatologist, Rome), Paola Donato\* (Verona), Lucrezia Furian\* (Transplant Surgeon, Padua), Maria Antonietta Gambacorta\* (Radiation oncologist, Rome), Giuseppe Grandaliano\* (Nephrologist, Rome), Rosario Francesco Grasso\* (Interventional Radiologist, Rome), Stefan Hohaus (Haematologist, Rome), Barbara Jereczek Fossa\* (Radiation oncologist, Milan), György Kovács\* (Radiation oncologist, Lübeck), Mario Luppi\* (Haematologist, Modena), Umberto Maggiore\* (Transplant Surgeon, Parma), Nizam Mamode\* (Transplant Surgeon, London), Ketty Peris (Dermatologist, Rome), Mimma Rizzo\* (Medical Oncologist, Pavia), Jacopo Romagnoli (Transplant Surgeon, Rome), Giovanni Schinzari (Medical Oncologist, Rome), Søren Schwartz Sorensen\* (Nephrologist, Copenhagen), Luca Tagliaferri (Radiation oncologist, Rome), Giampaolo Tortora (Medical oncologist, Rome), Vincenzo Valentini (Radiation oncologist, Rome), Andrea Veltri\* (Radiologist, Turin), Fabio Vistoli\* (Transplant Surgeon, Pisa), Bruno Watschinger\* (Nephrologist, Vienna).

### Starting activities

- Identification of the Consensus Conference (CC) Topic
- Recruitment of the Scientific Committee (SC) members
- Funding

### Preliminary activities

- Preparation of the CC protocol
- Elaboration of the CC Questions
- Recruitment of the work group (WG) members.
- Identification and invitation of Expert Discussants
- Preparation of the panel regulation.
- Recruitment of the writing group members.

### Preparation of Introductory materials

- Preparation of scientific literature review methodology, protocol.
- Conducting a scientific literature review for each Question.
- Preparation of scientific literature reports
- Sending the reports to identified experts

### Consensus Conference celebration

- Presentation of the introductory materials from scientific literature reviews.
- Presentation of the Expert Opinion
- Open discussion
- Presentation and voting of the Statements derived from the initial Questions; Addition of new proposed statements.

### Consensus document

- Preparation of the preliminary CC report
- Collection of experts comments and revisions to the preliminary report.
- Preparation of the final CC document.
- Dissemination of the conclusion from the CC.

# The voting procedure

The voting procedure was developed in a 2-round collection: a preliminary vote was registered "in presence", using a web platform (mentimeter), showed to the audience and discussed; a second round was collected "remotely", (surveymonkey).

The members of the EP were asked to express their vote according to a 10-point agreement scale where 0 corresponds to complete disagreement and 10 to complete agreement.

The agreement was defined according to the majority criterion (option voted by >50% of the panel) and modulated as strong, in presence of an agreement of 75% or more, and moderate between 51% and 74%:

- Strong agreement -> At least 75% of the experts assigned =>7 points.
- Moderate agreement -> 51-74% of the voting experts assigned =>7 points.
- Strong disagreement -> At least 75% of the voting experts assigned =<3 points.
- Moderate disagreement -> 51-74% of the voting experts assigned =<3 points.
- Uncertainty in the agreement -> No majority, all other possibilities

# The Questions

N	Questions	Session
1	Does maintaining as opposed to withdrawing or reducing calcineurin inhibitors in kidney transplant recipients with non-metastatic, non-skin cancer undergoing chemotherapy worsen patient or graft survival?	"Immunosuppressive Therapy and Immunotherapy"
2	Does maintaining as opposed to withdrawing calcineurin inhibitors in kidney transplant recipients with PTLD, undergoing first-line chemotherapy worsen patient or graft survival?	
3	Does the switch from calcineurin inhibitors to mTOR-inhibitors improve patient or graft survival of kidney transplant recipients with metastatic non-skin cancer undergoing chemotherapy?	
12	Should immunosuppression be stopped or modified before oncological surgery in the kidney transplant recipient?	

# The Questions

N	Questions	Session
4	Does the use of checkpoint inhibitors in kidney transplant recipients with metastatic skin and non-skin cancer have a negative impact on patient or graft survival?	"Systemic Therapy"
6	Can anti-angiogenic drugs be safely used in kidney transplant recipients with cancer?	
7	Can hormone therapy be safely used in kidney transplant recipients with cancer?	
8	Can platinum salts be safely used in kidney transplant recipients with cancer?	

# The Questions

N	Questions	Session
5	Does withdrawing antimetabolites and/or CNI inhibitors and/or mTOR-inhibitors as opposed to continuing maintenance immunosuppression improve patient survival in kidney transplant recipients with cancer undergoing radiotherapy?	"Integrated Therapy"
9	Should a kidney transplant patient with cancer avoid standard radiotherapy technique (EBRT, BT, SBRT, protons), dose and volume in order to preserve the transplanted kidney?	
10	In case of cancer of the transplanted kidney, is focal treatment (thermoablation, radiofrequency, brachytherapy, electrochemotherapy, cryoablation, stereobody radiotherapy, protons) indicated as the standard treatment as opposed to graft nephrectomy?	
11	In case of focal treatment, is percutaneous approach (thermoablation, radiofrequency, brachytherapy, electrochemotherapy, cryoablation) indicated as the standard treatment as opposed to external beam radiotherapy (stereobody radiotherapy, protons)?	



# The Statements

Statements	voting experts assigned			Agreement
	>=7	4-6	<=3	
<b>"Immunosuppressive Therapy and Immunotherapy"</b>				
Statement 1. Switching from calcineurin inhibitors to mTOR-inhibitors improves patient or graft survival of kidney transplant recipients with metastatic non-skin cancer undergoing chemotherapy.	38.1%	42.9%	19%	Uncertainty
Statement 2. Maintaining at reduced dose as opposed to withdrawing calcineurin inhibitors in kidney transplant recipients with PTLN, undergoing first-line chemotherapy improves patient or graft survival.	61.9%	38.1%	0%	Moderate Agreement
Statement 3. The choice of maintaining as opposed to withdrawing/reducing calcineurin inhibitors in kidney transplant recipients with non-metastatic, non-skin cancer undergoing chemotherapy should be based on a balance between the risk of tumor progression and the risk of rejection.	90.5%	9.5%	0%	Strong Agreement
Statement 12. Immunosuppression could be stopped or modified before oncological surgery in selected kidney transplant recipient.	85.7%	14.3%	0%	Strong Agreement
Statement 12.1 In kidney transplant recipients undergoing oncological surgery mTOR inhibitors should be administered after surgery rather than before*.	84.2%	15.8%	0%	Strong Agreement

# The Statements

Statements	voting experts assigned			Agreement
	>=7	4-6	<=3	
<b>"Systemic Therapy"</b>				
Statement 4. The use of checkpoint inhibitors in kidney transplant recipients with metastatic skin and non-skin cancer has a negative impact on graft survival by increasing the risk of rejection.	85,7%	14,3%	0%	Strong Agreement
Statement 6. Anti-angiogenic drugs can be safely used in kidney transplant recipients with cancer.	81%	9,5%	9,5%	Strong Agreement
Statement 7. Hormone therapy can be safely used in kidney transplant recipients with cancer.	95%	5%	0%	Strong Agreement
Statement 8. Platinum salts may be used in kidney transplant recipients with cancer based on the efficacy and toxicity profile.	76,2%	19%	4,8%	Strong Agreement

# The Statements

Statements	voting experts assigned			Agreement
	>=7	4-6	<=3	
<b>"Integrated Therapy"</b>				
Statement 5. Withdrawing antimetabolites and/or CNI inhibitors and/or mTOR-inhibitors, as opposed to continuing maintenance immunosuppression, improves patient survival in kidney transplant recipients with cancer during standard radiotherapy.	23,8%	14,3%	61,9%	Moderate disagreement
Statement 5.1. Withdrawing selective immunosuppressive drugs, in kidney transplant recipients with prostate cancer during standard radiotherapy can be considered on an individual basis.	81%	14,3%	4,8%	Strong Agreement
Statement 9. Kidney transplant patients with cancer should avoid standard radiotherapy technique (EBRT, BT, SBRT, protons), dose on normal tissues and volume in order to preserve the transplanted kidney.	57,2%	28,6%	14,3%	Moderate Agreement
Statement 10. In case of cancer below 4 cm of the transplanted kidney, focal treatment (thermoablation, radiofrequency, brachytherapy, electrochemotherapy, cryoablation, stereobody radiotherapy, protons) is a valid alternative to nephron sparing surgery.	85,7%	4,8%	9,5%	Strong Agreement
Statement 11. In case of focal treatment, percutaneous approach (thermoablation, radiofrequency, brachytherapy, electrochemotherapy, cryoablation) is indicated as the standard treatment as opposed to external beam radiotherapy (stereobody radiotherapy, protons).	85,7%	0%	14,3%	Strong Agreement

These statements clearly indicate the points that need to be addressed in the clinical research in this setting